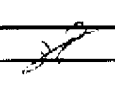


REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Application Number</td> <td>10/595,170</td> </tr> <tr> <td>Filing Date</td> <td>16 March 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Barak Yehoshua</td> </tr> <tr> <td>Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Attorney Docket Number</td> <td></td> </tr> </table>	Application Number	10/595,170	Filing Date	16 March 2006	First Named Inventor	Barak Yehoshua	Art Unit		Examiner Name		Attorney Docket Number	
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Examiner Name													
Attorney Docket Number													

I hereby revoke all previous powers of attorney given in the above-identified application.	
<input checked="" type="checkbox"/> A Power of Attorney is submitted herewith. OR <input type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <u>27317</u>	
<input type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: <u>27317</u>	
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I am the: <input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	
SIGNATURE of Applicant or Assignee of Record	
Signature	
Name	Barak Yehoshua
Date	7 December 2006 Telephone +972+3+5163962
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</small>	
<input type="checkbox"/> *Total of _____ forms are submitted.	

B\43\0\1\8

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